

**RFI 5268  
Response**

**Question:**

**Attached is a listing of questions and requests for additional information from the recent Government Oversight Committee meeting. You are asked to provide electronic responses for the Committee as soon as possible but no later than October 25. If you need additional time to respond or need clarification about any requests, contact me. Sam Leto**

**RESPONSE (in red)**

**The Division of Medical Services will respond as follows for the bulleted point:**

- **Departments of Public Health and Human Services**

- **Tobacco**
- **How much are we spending on smoking cessation?**

**Prior to FY06 smoking cessation was not covered under Medicaid. In FY06 \$500,000 was appropriated for smoking cessation programs in Medicaid from IowaCare federal funds. An additional \$500,000 annually from these same funds is allocated through FY10. These funds are for programs to reduce smoking among Medicaid recipients to less than 1% for children and less than 10% for adults.**

**To implement these programs, the Medicaid Program is coordinating with DPH in the expansion of its smoking cessation activities. Medicaid will use existing DPH smoking cessation programs, such as the DPH Quit Hotline and then provide additional resources, such as the prescription coverage added under HF 825, if it is determined to be medically appropriate for the patient. By using the existing DPH programs and coordinating between the Medicaid Medical Services unit and DPH, duplication is being eliminated, i.e. Medicaid is not going to**

**create new smoking cessation programs, when DPH already has successful programs in place that can be utilized by Medicaid clients. This provides for a cost avoidance.**

- **What focus is there on pregnant women and children for smoking cessation?**  
**Medicaid and IDPH will collaborate to provide smoking prevention materials and cessation counseling focusing on adolescents and pregnant women.**

**Department of Public Health and Department of Human Services  
Update from 2003 Report on Areas of Collaboration and Potential Collaboration  
September 2005**

**EXISTING COLLABORATIVE PROGRAMS**

Program Name and Description	Any Change in collaboration?	Funding Source	Efficiencies/Cost Savings Obtained
<p><b>Childhood Immunization Program</b> - The Vaccine for Children (VFC) coordinator at DPH works closely with staff from DHS through ongoing written and verbal communications in addition to attending meetings and conferences. Areas of collaboration between agencies in this program include:</p> <ul style="list-style-type: none"> <li>• Verification by DPH and DHS of age and insurance eligibility for <i>hawk-i</i> and VFC vaccination programs.</li> <li>• Advocacy by DPH and DHS staff to the Centers for Medicaid and Medicare Services for Medicaid coverage of new vaccines.</li> <li>• CDC notification of vaccine shortages to DPH staff that, in turn, notifies appropriate DHS agencies.</li> </ul> <p>Staffs from both DHS and DPH are involved with the Government Performance and Results Act (GPRA) to ensure that two-year olds enrolled in Medicaid are appropriately immunized. IDPH Registry staff provides data</p>	No change.	Federal - Centers for Disease Control and Prevention.	The VFC Program allows the state to purchase vaccine at 50% the market costs for Medicaid covered children. This savings benefits DHS who would have had to pay market price for Medicaid children if the VFC program did not exist.

<p>to DHS to supplement immunization histories on children covered under Medicaid to help assure that those eligible are fully immunized.</p> <p>The DPH Immunization Program also supplies literature, including Vaccine Information Statements, the Recommended Childhood Vaccination Schedule and literature recommendations by the CDC to <i>hawk-i</i> providers.</p> <p>The VFC Program was established under authority of Section 1928 (a) of the Social Security Act, 42 U.S.C. (1396s) (a) (See Appendix A). Per VFC eligibility guidelines, children enrolled in <i>hawk-i</i> are not eligible to receive VFC vaccine due to insurance coverage status. The <i>hawk-i</i> program was established under authority of Section 2101 of the Social Security Act, 42 U.S.C. 1397(aa) (See Appendix B). <u>Under this federal law, funding is specifically designated to each department's program and cannot be used for any other purpose.</u> Therefore, providers offering vaccinations through VFC and <i>hawk-i</i> are paid through their respective programs. This partnership assures that immunization providers are properly reimbursed for the services.</p>			
<p><b>WIC</b> - The Women, Infant and Children (WIC) Program works closely with DHS Medicaid regarding infants and children requiring special formula. When a child on Medicaid is identified</p>	No change.	Federal - USDA	WIC as first payer for special formula saves Medicaid approximately 1 million each year.

by a physician as needing special formula, the family is referred to the WIC Program, which assumes responsibility for providing it. DPH and DHS have worked to establish a policy that allows Medicaid to pay for any amount of special formula that exceeds the maximum WIC food package.			
<b>Food-Stamp Nutrition Education</b> - The DPH Bureau of Nutrition implements the Food Stamp Nutrition Education Plan, which provides nutrition education to DHS identified food-stamp eligible families. The goal of food-stamp nutrition education is to provide programs that increase, within a limited budget, the likelihood of food-stamp recipients making healthy food choices and choosing active lifestyles, thereby improving their health. DPH also works with the departments of education and elder affairs in providing nutrition education through this program. This Nutrition Information and Awareness Program was established under the Farm Security and Rural Investment Act of 2002, which amends the Food Stamp Act of 1977 Food Stamp Act.	No Change	Federal with local match. USDA	Coordinated program with DHS, ISU Extension and local public health
<b>Family Planning</b> – The State Family Planning Program (Temporary Assistance to Needed Families, [TANF], and Social Services Block Grant Funds combined) is administered by DHS. DPH provides technical assistance and consultation to program participants on behalf of DHS. This technical assistance provides	When the 1115 Waiver is approved, the DHS administered family planning program will end.	N/A	N/A

<p>professional health-care expertise on current clinical professional practice and standards. The program provides reimbursement to DPH family planning clinics for on a fee-for-service basis for clients whose income is at or below 100% of state poverty guidelines. The technical assistance and consultation assures that low-income Iowa women receive clinical services based on scientific, professional standards and guidelines.</p> <p>Women who receive a positive pregnancy test are provided information on accessing Medicaid coverage to increase the likelihood of obtaining pre-natal care early and regularly in their pregnancy.</p>			
<p><b>Pregnancy Prevention Programs</b> - The DPH and DHS adolescent pregnancy-prevention programs have collaborated on several joint initiatives, such as sharing costs of incentive items and costs for a national speaker for grantee meetings. The DPH <i>Abstinence Only Education</i> programs have used the evaluator that is used for the DHS programs. The membership of FutureNet, the DHS-funded adolescent pregnancy state coalition, includes grantees from both the DHS and DPH programs.</p> <p>While these programs collaborate whenever possible, combining them has proven difficult. An extensive feasibility study and report on combining adolescent pregnancy programs in</p>	<p>The departments no longer share costs of incentive items and costs for a national speaker for grantee meetings. DHS funding no longer fits DPH (Section 510) match requirements; therefore is no longer able to collaborate on these types of initiatives.</p> <p>Also – a representative from DHS is a member of the DPH Abstinence Education Statewide</p>	Federal - HRSA	<p>Collaboration with DHS has prevented duplication of effort at the local level and ensured access to appropriate services at the local level.</p>

<p>each agency was completed in December of 2002 and has been provided in the appendix. (See Appendix D) The work group concluded that relatively few benefits could be expected from implementing a plan to combine the state's <i>Abstinence Only Education</i> projects and <i>Adolescent Pregnancy Prevention</i> programs in one state agency.</p>	<p>Steering Committee.</p>		
<p><b>Smoking and Substance-Abuse Health Screening</b> - Through the Medicaid Enhanced Services package provided to pregnant women, DPH maternal health centers screen all clients for evidence of smoking and substance abuse. Health education and referrals to smoking cessation programs are provided as appropriate. <b>Some of these community-based smoking cessation programs are sponsored by DHS.</b> Medicaid reimburses for Enhanced Services (care coordination, health education, psychosocial assessment, nutritional assessment, risk assessment and referrals) for eligible clients.</p>	<p>HF 841 and HF 825 added new requirements for the Medicaid program to promote smoking cessation and cover smoking cessation related prescriptions.</p>	<p>DPH – Healthy Iowans Tobacco Trust DHS – Health Care Transformation account</p>	<p>The Medicaid Program is coordinating with DPH in the expansion of its smoking cessation activities required by the two bills. Medicaid will use existing DPH smoking cessation programs, such as the DPH Quit Hotline and then provide additional resources, such as the prescription coverage, if it is determined to be medically appropriate for the patient. By using the existing DPH programs and coordinating between the Medicaid Medical Services unit and DPH, duplication is being eliminated, i.e. Medicaid is not going to create</p>

			new smoking cessation programs, when DPH already has successful programs in place that can be utilized by Medicaid clients. This provides for a cost avoidance.
<p><b>Healthy Opportunities for Parents to Experience Success – Healthy Families Iowa (HOPES-HFI)</b> - Through this program, funds are made available by DPH and DHS (who contracts additional funds to DPH) for family home visiting services. This program aims to develop healthy and stable children until age 2 by providing parent education and support and assuring that children obtain required immunizations and well-child care. This prevention-based program reduces the number of child welfare referrals.</p>	<p>The program is now aimed towards children ages 3-4.</p> <p>Additional collaboration through Office of Empowerment/DOM pursuant to 2005 Iowa Acts, HF 825.</p>	State	Expansion of fully accredited home visiting programs consistent with the strategic plan for early childhood. Coordination of programming with other early childhood programming with an emphasis on health status.
<p><b>Breast and Cervical Cancer Early Detection Program</b> - This program works through contracts with local boards of health to recruit low income women, primarily aged 40 – 64, for breast and cervical cancer screening services. The program also provides limited funding for diagnostic follow up and professional education offerings.</p> <p>The breast and cervical cancer program collaborates with the Department of Human Services by identifying and verifying</p>	DPH is collaborating with DHS in implementation of the Iowa Cares initiatives as it relates to Breast and Cervical Cancer Early Detection.	Federal – Centers for Disease Control and Prevention	Women in Iowa are able to access needed mammograms and treatment based on their individual situation.



<p>participating Medicaid eligible women. Verification provides women enrolling in the Medicaid Treatment Option additional coverage for diagnostic services and treatment for pre-cancerous or cancerous breast and/or cervical lesions through the Susan G. Komen Breast Cancer Foundation voucher program</p> <p>The federal Breast and Cervical Cancer Prevention and Treatment Act of 2000 was enacted in Iowa in 2001 and began service in July 2001. Iowa HF 308 provides for the new category of optional coverage under the medical assistance program.</p>			
<p><b>State Emergency Response Capacity</b> – This grant works with first responders as well as professionals in the mental health and substance abuse field by providing training and counseling in the event of a disaster. Counseling is provided to both the victims of an emergency or disaster as well as the first responders who are impacted by the event.</p>	<p>Additional collaboration with mental health and substance abuse programs.</p>	<p>Federal - SAMHSA</p>	<p>Collaboration results in more efficient efforts to get disaster plans to the local level.</p>
<p><b>Substance-Abuse Treatment</b> – DHS and DPH work closely together and have cosigned an integrated managed care contract to provide substance abuse treatment. Payment for treatment is supplied by Medicaid (DHS) and DPH for those clients that are not Medicaid eligible. Substance abuse treatment, licensing and the handling of complaints are the responsibility of DPH.</p>	<p>No change.</p>	<p>Federal - SAMHSA State Medicaid</p>	<p>Efficiency in administrative resources by having one entity serving a growing number of Medicaid clients.</p>

<p><b>Childhood Lead Inspections</b> – This collaboration between the DPH lead program and DHS provides a source of funding to contractors of the DPH childhood lead poisoning prevention program. The program is designed to reduce the risk of lead poisoning to Iowa children. This funding helps defray the cost of providing environmental case management to lead poisoned children. The U. S. Department of Health and Human Services requires this reimbursement through Medicaid. DPH and its contractors are required by the terms of our federal grant to collect it. The outcome of this activity has been a desperately needed increase in funding to our local contractors.</p>	No change.	Federal Medicaid	Accessing Medicaid reimbursement for environmental case management has resulted in more funds being available for lead screening at the local level.
<p><b>Early and Periodic Screening Diagnosis and Treatment</b> - The Early and Periodic Screening Diagnosis, and Treatment (EPSDT) program is Medicaid's comprehensive and preventive child-health program for people under age 21. The EPSDT program consists of two components: 1) assuring the availability and accessibility of required health-care resources, and 2) helping Medicaid recipients and their parents or caretakers effectively use those resources. Thus, the program not only provides but also manages a comprehensive child health program of prevention and treatment. It seeks out Medicaid clients, informs them of their benefits, especially about the availability of preventive care, and</p>	No change.	Federal - TANF	Improved access to required screening and health care for children

<p>links them to available health services in their community.</p> <p>DHS identifies newly enrolled Medicaid recipients so that DPH can inform them of available services. The agencies also work collaboratively to assure the availability of health-care resources and provide the financial resources for services. This combined effort has resulted in an increase in the number of children receiving health-care screening.</p>			
<p><b>Lead-Poising Prevention</b> - DPH Bureau of Lead Poisoning Prevention also collaborates with DHS in the EPSDT (Early and Periodic Screening Diagnosis and Treatment) program. Blood lead testing is a required component of the program, which provides a major source of funding for these tests.</p>	No change.	<p>Federal - Centers for Disease Control and Prevention</p> <p>State</p>	<p>This collaboration has allowed the state to increase the number of children receiving blood lead tests.</p>
<p><b>Consultations on Environmental Health Issues in Child-care Facilities-</b> DPH environmental health staff provide technical assistance to DHS on health risks of mold, radon, lead and improperly treated wastewater in licensed child-care facilities.</p> <p>Child Health Specialty Clinics – Families of children who are diagnosed with chronic illness are informed regarding possible Medicaid benefits to cover their illness. The departments work together to assure that the information has been provided and the Medicaid application and</p>	No change.	<p>Federal - Environmental Protection Agency</p> <p>State funds</p>	<p>The collaboration created a mechanism by which DPH can better disseminate educational materials about environmental health risk factors.</p>

benefits obtained.			
<b>Home-Care Aide Service and Personal Assistance</b> – This program provides personal care and homemaking services through funding by both DPH and DHS. The agencies work collaboratively to plan services at the local level. Those eligible for Medicaid receive funding through DHS while non-Medicaid or Medicare-eligible participants receive funding through a grant provided by DPH.	No change.	State Tobacco	Maximize utilization of resources. Local public health agencies are able to access Medicare, Medicaid, Waiver, and private insurance before using state funding. Sliding fee revenue expands services throughout state. Services are better coordinated services because agencies and local entities collaborate.

#### POTENTIAL COLLABORATIVE PROGRAMS

Program Name and Description	Any Change?	Funding Source	Efficiencies/Cost Savings Obtained
<b>Pregnant Women and Smoking</b> - The Division of Tobacco Use Prevention and Control (DPH) has, in past years, provided grants to community-based agencies (DHS) to provide smoking cessation classes for pregnant women. Recently, these grants were discontinued due to funding cuts. Maternal Health agencies that had received these grants have attempted to continue to provide these services with limited success due to minimal funds. Smoking has been identified as a factor in numerous health	Program was discontinued due to funding cuts for tobacco cessation and prevention in FY 2002.	N/A	N/A

conditions, including low birth weight and premature births. Addressing this issue would not only improve the health of babies, but also reduce associated Medicaid costs.			
<b>Co-occurring State Incentive Grant (COSIG)</b> – A grant has been submitted which, if funded, will provide training and infrastructure to community-based mental health and substance abuse programs. It would improve the quality of currently available treatment for clients who have both mental health and substance-abuse disorders. One FTE for DHS and one FTE for DPH have been proposed.	Program was not funded.	N/A	N/A
<b>Development of a Medicaid 1115 Waiver –</b> This waiver would extend coverage for family planning to Iowa women whose income falls below 300% of the federal poverty level.  Studies of other state waivers assists DHS staff in developing the Iowa waiver request, thereby improving the chances for approval. If a waiver request is approved, an increased number of low-income Iowa women could access reimbursement for family planning. Access to Medicaid reimbursed family planning increases the chance that babies born to low-income women are planned and healthy at birth. Thus, the infant mortality and low birth-weight numbers may decrease. DPH provides information about the location of family planning clinics and the services provided by the	CMS has approved and training underway to implement in Iowa.	Federal - CMS	Expanded services to Iowa's childbearing women.

clinics.			
<b>Food Stamp Program and Obesity Control -</b> The prevalence of overweight children in the United States has become an increasing public health concern. In 1999, about 13 percent of children 6-11 years of age were classified as overweight, more than triple the percentage in 1965. Dietary guidelines recommend a healthful assortment of food and at least 60 minutes of activity daily. A recent editorial in the Washington Post suggested that, rather than food programs alleviating food insecurity and hunger, they may be linked to eating more food than necessary and to being overweight. Being overweight as a child is a risk factor for adult obesity and a variety of health problems. DHS and DPH would work together to address this serious health issue in Food Stamp recipients.	DHS has been represented on the workgroups writing the statewide comprehensive Plan for the Prevention of Obesity.  DPH is collaborating in efforts to prevent obesity and assist with early identification as part of the Iowa Cares initiatives.	Federal– DHHS, CDC State	Collaboration will ensure a coordinated approach to the prevention and management of obesity as part of the statewide comprehensive plan.
<b>Hepatitis A &amp; B -</b> DHS and DPH are developing plans to work together to increase awareness of Hepatitis A & B within facilities that serve Children in Need of Assistance (CINA) and delinquent youth. The goal is to make facilities aware of the need for the vaccine among this population, as well as of the availability of free vaccines.	Currently, the two juvenile homes in Toledo and Eldora are receiving Hepatitis A and B vaccines for their residents.	Federal – Centers for Disease Control and Prevention	Vaccinations prevent potential vaccine preventable diseases which in turn saves in medical , including hospital costs, and resources (personnel, supplies, equipment) required for disease investigation.
<b>Screening, identification, testing, and treatment for parents of children in child-welfare system</b> - Estimates are that 40% to 60%	DPH and DHS collaborated to develop a drug testing protocol for	Costs for the drug testing are funded from federal funds and the	By collaborating, DHS was able to utilize the expertise at DPH to

of parents of children in child-welfare systems abuse alcohol or other drugs. DHS and DPH are working together to better coordinate screening, identification, testing, and treatment for this population.	people served in the child welfare system. The protocol provides guidelines for what tests should be used for what settings, and how frequently to maximize results. DHS has trained staff and shared with service areas to implement the guidelines.	General Fund Court Ordered Services Appropriation	develop best practice guidelines, rather than creating a new program or doing duplicate research. In addition, use of the guidelines increases the effectiveness of the system in that the testing is now based on best practices.
<b>Purchase of Vaccinations</b> – Explore the possibility of utilizing DPH’s ability to purchase childhood immunizations at a bulk, reduced rate to increase the number of children on <i>hawk-i</i> and Medicaid who are vaccinated.			

## NEW AREAS of COLLABORATION

**Implementation of Iowa Care Act:** DPH and DHS are partnering to implement new smoking cessation benefits for Medicaid clients. DHS will provide the coverage for nicotine cessation aids, which include various forms of nicotine replacement therapy. And DPH will provide free cessation counseling services to Medicaid clients through Quitline Iowa.

**Medical Assistance Advisory Council:** SF 272, 2005 Iowa Acts, reorganized the Medical Assistance Advisory Council. As part of the reorganization, the Director of Public Health was made the chair of an executive committee of the council, which is responsible for making recommendations to the director of DHS regarding the budget, policy, and administration of the medical assistance program. DPH is pleased to have public health represented on the Council.

**Co-occurring Policy Academy:** Iowa was selected to develop a team to address mental and substance abuse issues. The team consists of DPH, DHS, Department of Corrections, mental health and substance abuse providers. The team will address quality improvement of treatment and services for clients with mental health and substance abuse disorders.